

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013936

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318
FILED MAR 28 1963

1003

3357

VS 300
Rev. 4/59

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20505, 48

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN DeSoto	
Length of stay in 1b 41 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Little Rock Hosp. Inc.		d. STREET ADDRESS (If outside, give location) 205 Boggy Street	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Moan Middle (NMN) Last TOMLINSON		4. DATE OF DEATH Month March Day 21 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-6-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer		11. BIRTHPLACE (City and state or country) Missouri	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE (Prattie) Praddy Tomlinson		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes; no, or unknown) (If yes, give war or dates of) No	
16. DEATH OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Artery Thrombosis Arteriosclerosis, Generalized and Hypertension 332x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		17. INFORMANT Address DeSoto, Mo. Mrs. Moan Tomlinson, 205 Boggy,	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION DeSoto, Mo.		COUNTY Jefferson STATE Missouri	
21. I attended the deceased from Feb. 8, 1963 to March 21, 1963 and last saw him alive on March 21, 1963 Death occurred at 4:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Paul Boyd (Degree or title) 22b. ADDRESS 1755 South Grand Blvd. 22c. DATE SIGNED 3-21-1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/25/63	
23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) (State) DeSoto, Mo.	
24. FUNERAL DIRECTOR Mothershead Funeral Home, DeSoto, Mo.		25. DATE RECD. BY LOCAL REG. MAR 22 1963	
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 24 1963

MAY 3 1963

MAY 3 1963

MAY 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer—

Signed

Andrew H. England

Licensed Embalmer No.

4745

P. O. Address

De Soto, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
- If this body is not embalmed, fact should be so stated above.